

Department of Labor and Workforce Development

Incumbent Worker Application Review

<i>Required Information</i>		Yes	No	<i>Required Information</i>		Yes	No
1.	Does application contain original signatures and dates throughout			10.	Trainees' names		
2.	Minimum 1 year in business			11.	SS numbers		
3.	Required for profit			12.	Dates of hire		
4.	Current on all Tennessee taxes			13.	Job titles		
5.	Shows grant request amount			14.	Department		
6.	Complies with \$50,000 cap			15.	Type of training		
7.	Demonstrates employer match			16.	Number of training hours		
8.	Minimum of 5 FT employees			17.	Cost of instruction/training		
9.	Budget calculations correct			18.	Training provider information		
				19.	Approved delivery location		

**If any of the 19 questions are answered "No", contact employer for corrective action.
If answered "Yes" award 25 points and continue evaluation process**

<i>Desired Outcome</i>		Value	Score	<i>Company Information</i>		Value	Score
20.	Prevent relocation	5		38.	Federal ID# shown	1	
21.	Will save jobs	5		39.	TN sales Tax # shown (If applicable)	1	
22.	Will create new jobs	5		40.	UI ID# shown	1	
23.	Will improve short term wages	5		41.	NAICS code shown	1	
24.	Create entry level positions	5		42.	Receiving/Applying other state funds	1	
25.	Will improve long term wages	3		43.	Products/Services shown	1	
26.	Location more competitive	3		44.	FT employees to be trained	1	
27.	Will increase company profitability	3		45.	Shows minority owned status	1	
28.	Critical to long-term viability	3		46.	LWIA # and contact shown	1	
29.	Important to international trade	3		47.	Start date (Not before 7/01/06)	1	
30.	Lower employee turnover	2		48.	Completion date (Not after 6/30/07)	1	
31.	Company profitability	2		11			
32.	Assist persons with disabilities	2		<i>Special points</i>		Value	Score
33.	Assist in training minorities	2		49.	Utilize local Career Center services	5	
34.	Assist in training veterans	2		50.	Utilize LWIA to develop training plan	5	
35.	Assist welfare to work participants	2		51.	Two or more training provider cost estimates (If applicable)	5	
36.	Important to stated mission	1					
37.	Overall workforce development	1					

**Proposal must score at least 75 before
LWIA
recommendation for State approval.**

Evaluation Score	Value	Score
Required Information	25	
Desired Outcome	54	
Company Information	11	
Special Points	15	
Total	105	

Reviewer Signature _____

Date _____

Revision Date: June 1, 2006